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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
RECEIVED BY
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
MAY 21 1985
O. C. D.
ARTESIA, OFFICE

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-85

Operator
BLUE SKY PRODUCTION ✓

Address
PO Box 1772, Hobbs, NM 88240

Reason(s) for filing (Check proper box)		Other (Please explain)
New Well ☐	Change in Transporter of:	
Recompletion ☐	Oil ☐	Dry Gas ☐
Change in Ownership ☒	Casinghead Gas ☐	Condensate ☐

If change of ownership give name and address of previous owner
B & J Production Company, 512 W. Texas Ave., Artesia, NM 88210

DESCRIPTION OF WELL AND LEASE

Lease Name Brainard	Well No. / Flow Rate, Including Formation 2 Empire (Y-SR)	Kind of Lease Federal or Non-Federal LCO	Lease No. 58181
Location Unit Letter N : 330 Feet From The S Line and 2310 Feet From The W	Line of Section 25 Township 17S Range 27E	County Eddy	

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Casinghead Gas ☐	Address (Give address to which approved copy of this form is to be sent)
Navajo Refining Co. Pipeline Division	Artesia, NM 88210
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit: 0 Sec: 25 Twp: 17S Rge: 27E

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Reater	Diff. Reater
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.S.T.D.					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Taking Depth					
Perforations			Depth Casing Shoe					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
			Post TD-3					
			6-7-85					
			Chg Up					

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

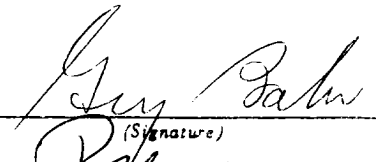
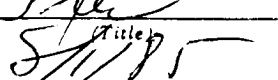
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given is true and complete to the best of my knowledge and belief.


(Signature)

(Date)

OIL CONSERVATION COMMISSION

APPROVED JUN 04 1985
BY Original Signed By
Los A. Clements
TITLE Supervisor District II

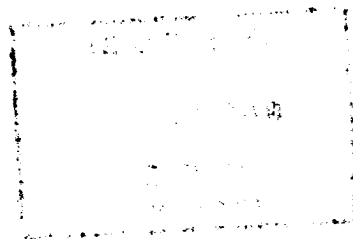
This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.



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